

2004 Self Help Exterior Paint Program Application and Agreement Form

Applicant name: _____

Project address: _____ Troy, New York

Telephone: Home # _____ Business # _____

Number of Residential units: _____

Description of proposed painting project: _____

I have received and read a copy of the City of Troy 2004 Self Help Paint Program Guidelines and agree to comply with all requirements contained therein.

I understand that upon approval of the proposed work specifications by the City of Troy, I am committed to complete the work within the painting season ending November 15th. I further release the City of Troy from all liabilities, which may arise because of this project.

I certify that I am the legal owner occupant of the property described above and that all information in this application and in the attached income documentation is true and complete to the best of my knowledge.

Signature(s): _____ Date: _____

_____ Date: _____

Income Documentation

If your household income exceeds 80% of the area median income you are not eligible for this program. (see attached)

Attach most recent Federal Income Tax Form 1040 and written verification of Social Security or Social Services payments being received by members of your household.

Income Tax Filing Waiver (If you do not file a tax return complete the following waiver)

I _____ have not filed a Federal Income Tax 1040 since _____ because my income was below the limit required for filing.

Signature(s): _____ Date: _____

_____ Date: _____

FOR OFFICE USE ONLY

Low/Mod Income Benefit _____ Grant Amount \$ _____

_____ Date: _____
City of Troy Approval

FY 2004 HUD Low/Mod Income

Household size	Maximum Income	Household size	Maximum Income
1 person	\$35,050	5 persons	\$54,100
2 persons	\$40,050	6 persons	\$58,100
3 persons	\$45,050	7 persons	\$62,100
4 persons	\$50,100	8 persons	\$66,100

To comply with Federal and State record keeping, reporting and other legal requirements we are required to ask for the following information for each household (family) effected by your project.

Are you presently employed by the City of Troy? Yes / No
 Are you a former employee? Yes / No

Homeowner / Tenant Information:

Owners Unit

		<u>Number of Persons</u>
Female Head of Household	Yes / No	
62 Years of age or older	Yes / No	_____
Handicapped persons	Yes / No	_____

Race: Black _____ Hispanic _____ White _____ Other _____

Unit #2

		<u>Number of Persons</u>
Female Head of Household	Yes / No	
62 Years of age or older	Yes / No	_____
Handicapped persons	Yes / No	_____

Race: Black _____ Hispanic _____ White _____ Other _____

Unit #3

		<u>Number of Persons</u>
Female Head of Household	Yes / No	
62 Years of age or older	Yes / No	_____
Handicapped persons	Yes / No	_____

Race: Black _____ Hispanic _____ White _____ Other _____

Attached Forms (*)

Completed / Received

• Estimate Work-up / Description	_____
• Tenant Income Information	_____
• Lead-Based Paint Notification/Brochure	_____
• Vendor Information	_____
Income Documentation	_____
Photos: Before	_____
After	_____
Permits: Building	_____
Barricade	_____
Smoke Detector Inspection	_____